

Agency Name _____

Street Address _____

City, State Zip Code _____

Telephone Number _____

Complainant (You)

Complainant's Name _____ Job Title _____

Agency _____ Telephone _____

Work Address _____ Division _____

City, State Zip Code _____ Manager _____

Respondent (Person Against Whom you are filing the complaint)

Name _____ Respondent's Job Title _____

Agency _____ Respondent's Telephone _____

Work Address _____ Division _____

City, State Zip Code _____ Manager _____

The Complaint

Basis of Complaint

Place an "X" next to all that apply:

- | | | |
|--|--|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> Marital Status | <input type="checkbox"/> Gender Expression |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Familial Status | <input type="checkbox"/> National Origin | <input type="checkbox"/> Genetic Information |
| <input type="checkbox"/> Age | <input type="checkbox"/> Creed | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Color | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Reliance on Public Assistance | <input type="checkbox"/> Membership or Activity in a Local Human Rights Commission | |
| <input type="checkbox"/> Sexual Harassment | | |

Describe, in as much detail as possible, the conduct that you believe violates the Harassment and Discrimination Prohibited Policy or the Sexual Harassment Prohibited Policy. List dates, locations, names and titles of people involved. Explain why you believe the conduct was based on the item(s) checked in the "Basis of Complaint" section above. Use additional paper if needed and attach to this form. Attach any documents you believe may be relevant.

Date most recent act of discrimination/harassment in violation of policy took place: _____

If you filed this complaint with another agency, give the name of that agency: _____

Information on Witnesses Who You Believe Can Support Your Complaint

Witness Name	Witness Work Address	Witness Work Telephone

Additional witnesses may be listed in "Additional Information" or on a separate sheet attached to this form.

This complaint is being filed based on my honest belief that I have been subjected to conduct in violation of the Harassment and Discrimination Prohibited Policy or the Sexual Harassment Prohibited Policy. I hereby certify that the information I have provided in this complaint is true, correct, and complete to the best of my knowledge.

Complainant Signature _____ Date signed _____

Complaint Received by"

Affirmative Action Officer Signature _____ Date signed _____

NON-RETALIATION: Retaliation against any person who reports conduct under the Harassment and Discrimination Prohibited Policy or the Sexual Harassment Prohibited Policy is strictly prohibited and will not be tolerated. If you believe that you have been subjected to retaliation, you are encouraged to report such behavior.